Annual Report of the Treatment Review Panel

To the Medical Director of VSH, CEO of VSH, Commissioner of the Department of Health, and Deputy Commissioner of the Division of Mental Health

With copies to: Jack McCullough, Vermont Legal Aid; Wendy Beiner, Director Mental Health Division of the Attorney General's Office

December 2005

Introduction

This is the third annual report of the Treatment Review Panel (TRP). The Panel understands its charge, based on Doe v. Miller, to be an independent review of the use of involuntary procedures at the Vermont State Hospital. These include, but are not necessarily limited to: administering medication, seclusion, and the use of restraints. In pursuing this charge there are four primary roles of the panel:

1. As a consultant to the medical director re issues (particular to a patient or systemic) pertaining to involuntary care that are of concern to him or her.
2. Analyzing data
3. Analyzing and reviewing systems, laws, procedures, training, and culture relevant to involuntary care.
4. Formulating recommendations based on the above.

and at least four main sources of data are used:

1. Statistical data similar to that outlined in Doe v. Miller.
2. Case presentations, and interviews of clinical staff and patients.
3. Concerns registered by patients via the confidential telephone line.
4. Concerns registered via public comment.

Membership

The membership is required to have a psychiatrist, a psychologist, a social worker and a nurse appointed by the Commissioner. In addition the Commissioner may appoint other members and chose to add a consumer member to the Panel. The current membership includes Lindy Fox, consumer, Stuart Graves, psychiatrist, Richard Lanza, psychologist, Lis Mickenberg, social worker and Jane O'Donnell, psychiatric nurse practitioner.

Inadequate Mechanisms for Authorizing Non-Emergency Involuntary Medications

In its first and second annual reports the TRP unanimously believed that the current procedures for authorizing the use of non-emergency involuntary medications were inadequate, and adversely affected the use of emergency involuntary procedures of all kinds. Our opinion remains unchanged upon the date of this third report.

2nd Annual TRP Report

"The systemic effect of having patients cared for in a system that has legally acceptable durations of time, but not clinically acceptable is to put undue pressure upon the use of emergency procedures. Thus the legitimate, and stretching a point "to at least get some treatment started" use of emergency procedures inevitably goes up."

1st Annual TRP Report

"The TRP thinks it reasonable that a person who cannot appreciate the consequences of their decisions should not have to be in the position of making those decisions - whether this is to assent to a treatment or refuse a treatment."

2nd Annual TRP Report

"The panel believes that the current situation does not reasonably balance the goals of beneficence and autonomy. Consequently, some patients suffer unnecessarily while these issues wait to be resolved, and, additionally, their long-term prognosis may worsen while they wait."

As in its last **two** reports, the Panel continues to recommend that a panel of lawyers, patients, and clinicians meet to develop a clinically, and legally sound procedure for authorizing the use of non-emergency, involuntary medicine.

Accomplishments and Areas for Future Focus

1) Per TRP recommendation a new CON has been developed and is in use. At future meetings the TRP will continue to assess its impact on fostering collaboration despite use of seclusion and restraint.

2) The statistical data available to the TRP has **greatly** improved. It should now prove useful for following and analyzing trends. This has been a main need of the a TRP since its inception, and it is clear the current clinical and administrative leadership now also sees this data as central to their needs of improving patient care.

3) The use of seclusion and restraint has markedly diminished, as have injuries in the hospital. This has happened with a concurrent increase in the use of emergency involuntary medications. Clearly the balance of this with non-emergency involuntary medications is crucial as noted above. In addition the TRP will need to investigate the appropriateness of these interventions, the humaneness of their execution, and (as with seclusion and restraint) its impact on collaboration. Additionally, national statistical data is available on the medical

consequences of restraint; the TRP should investigate the medical consequences of involuntary medication to weigh its risks and benefits versus restraint.

Statistical Data

	Seclusion Total/seclusion room	Seclusion open door pt room	Seclusion Total	Seclusion minus top 2 outliers	Restraint Total	Restraint minus top 2 outliers	EIM Total	EIM minus top 2 outliers
Jan-04	63		63	16	13	5	66	25
Feb-04	18		18	11	6	1	44	16
Mar-04	40		40	21	15	10	53	33
Apr-04	14		14	7	13	2	21	9
May-04	38		38	8	42	19	56	38
Jun-04	61		61	9	14	7	30	16
Jul-04	47		47	16	23	10	52	24
Aug-04	47		47	23	37	16	67	38
Sep-04	29		29	16	34	20	47	29
Oct-04	42		42	12	43	9	21	11
Nov-04	17		17	4	54	10	24	10
Dec-04	33		33	14	38	18	14	8
Jan-05	26		26	13	26	15	31	16
Feb-05	19		19	12	22	14	29	18
Mar-05	24		24	11	22	8	24	10
Apr-05	17		17	13	19	9	29	11
May-05	18	12	30	18	17	13	42	25
Jun-05	22	20	42	22	11	7	50	39
July-05	21	21	42	21	4	1	24	15
Aug-05	12	2	14		2	0	14	9
Sep-05	10	4	14		18	11	37	24

The following tabs show graphical representation of:

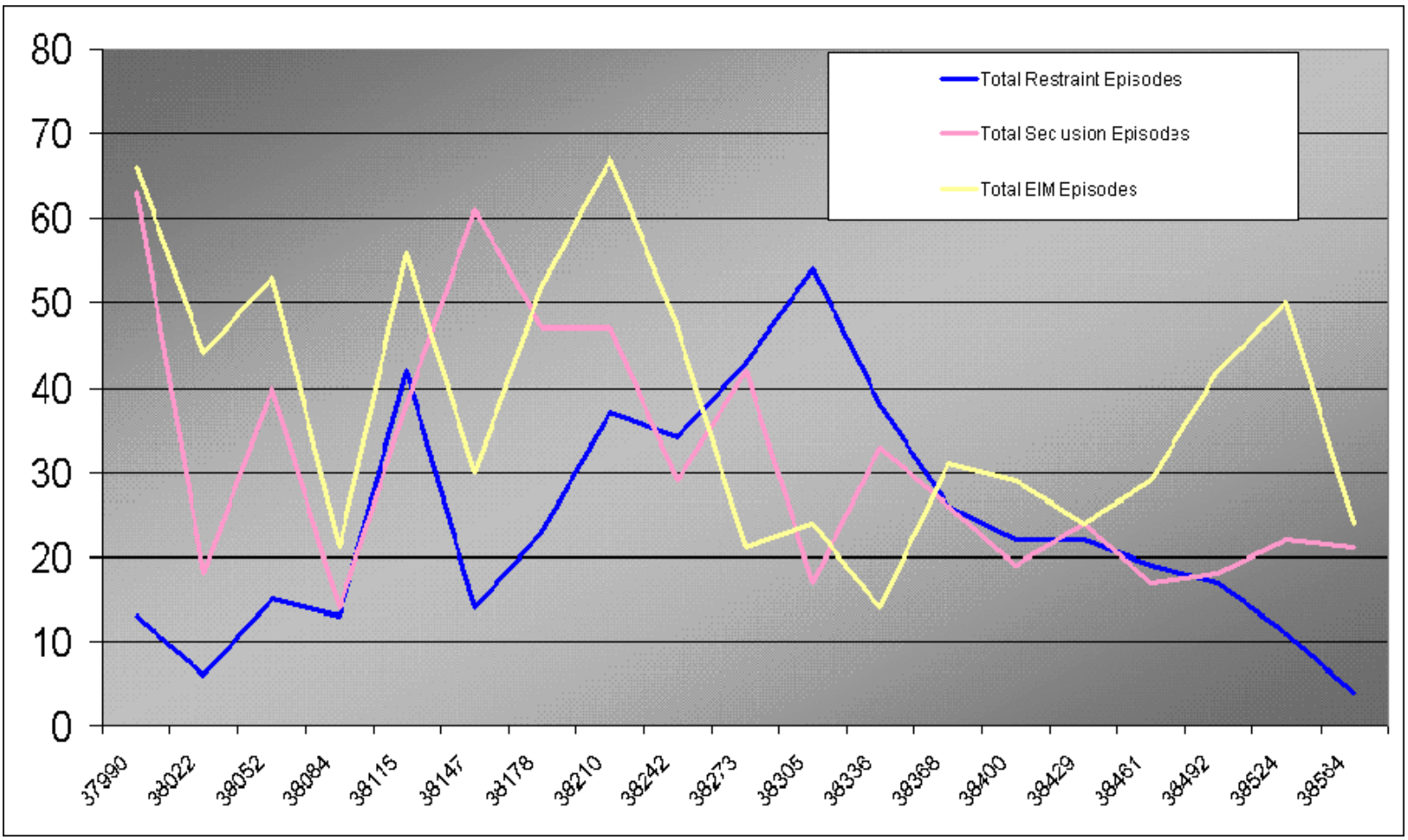
Total EIPs: total emergency involuntary procedures (i.e. restraint, seclusion, emergency involuntary medication) shown as total

T20 Excluded EIPs: total emergency involuntary procedures (i.e. restraint, seclusion, emergency involuntary medication) shown with top 2 outliers re

Restraint: Restraint total and total minus top 2 outliers removed

Seclusion: Seclusion total and total minus top 2 outliers removed

EIM: Emergency Involuntary Medication total and total minus top 2 outliers removed


80
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40
30
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Total Restraint Episodes
Total Seclusion Episodes
Total EIM Episodes
37990
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38115
38147
38178
38210
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38273
38305
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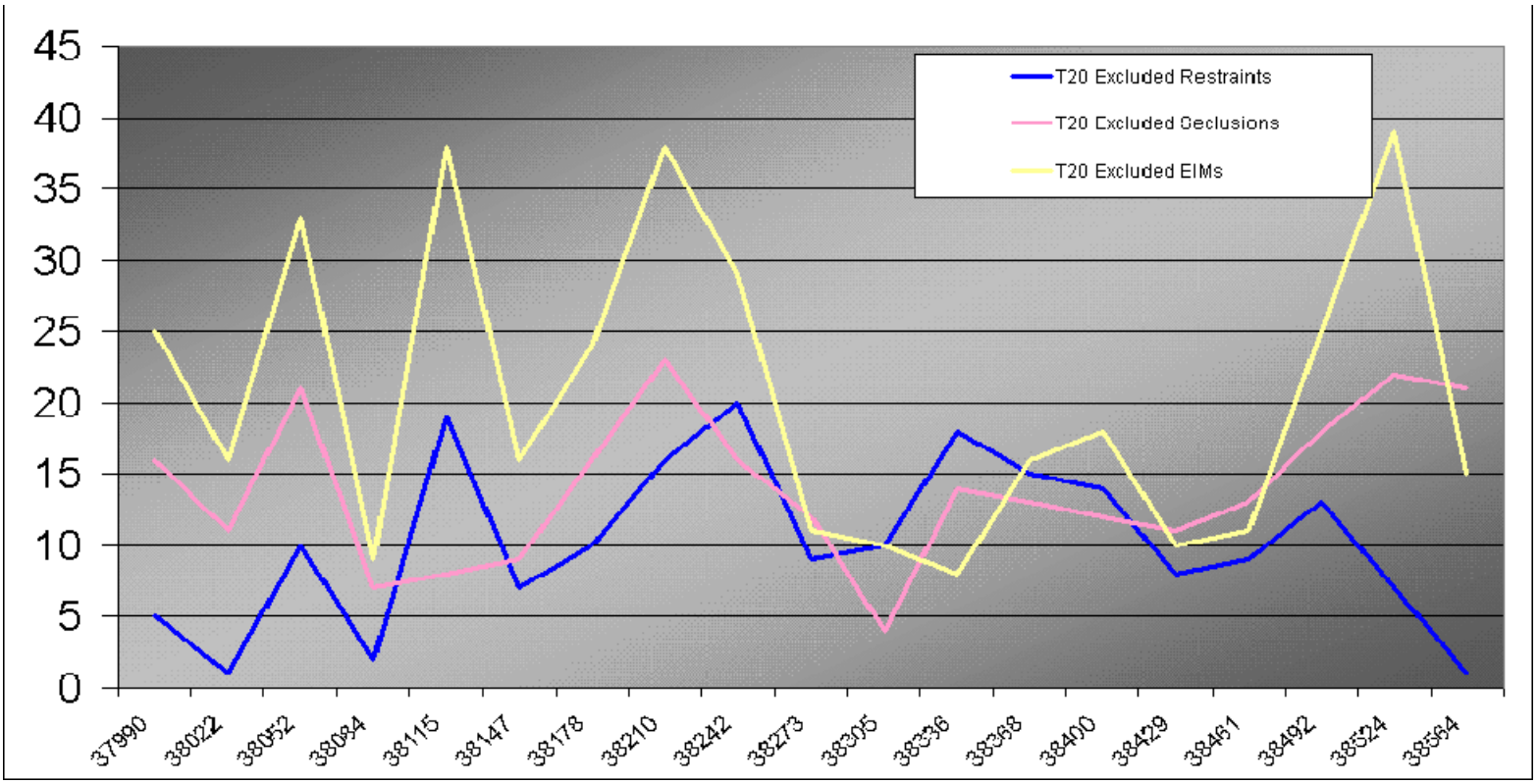
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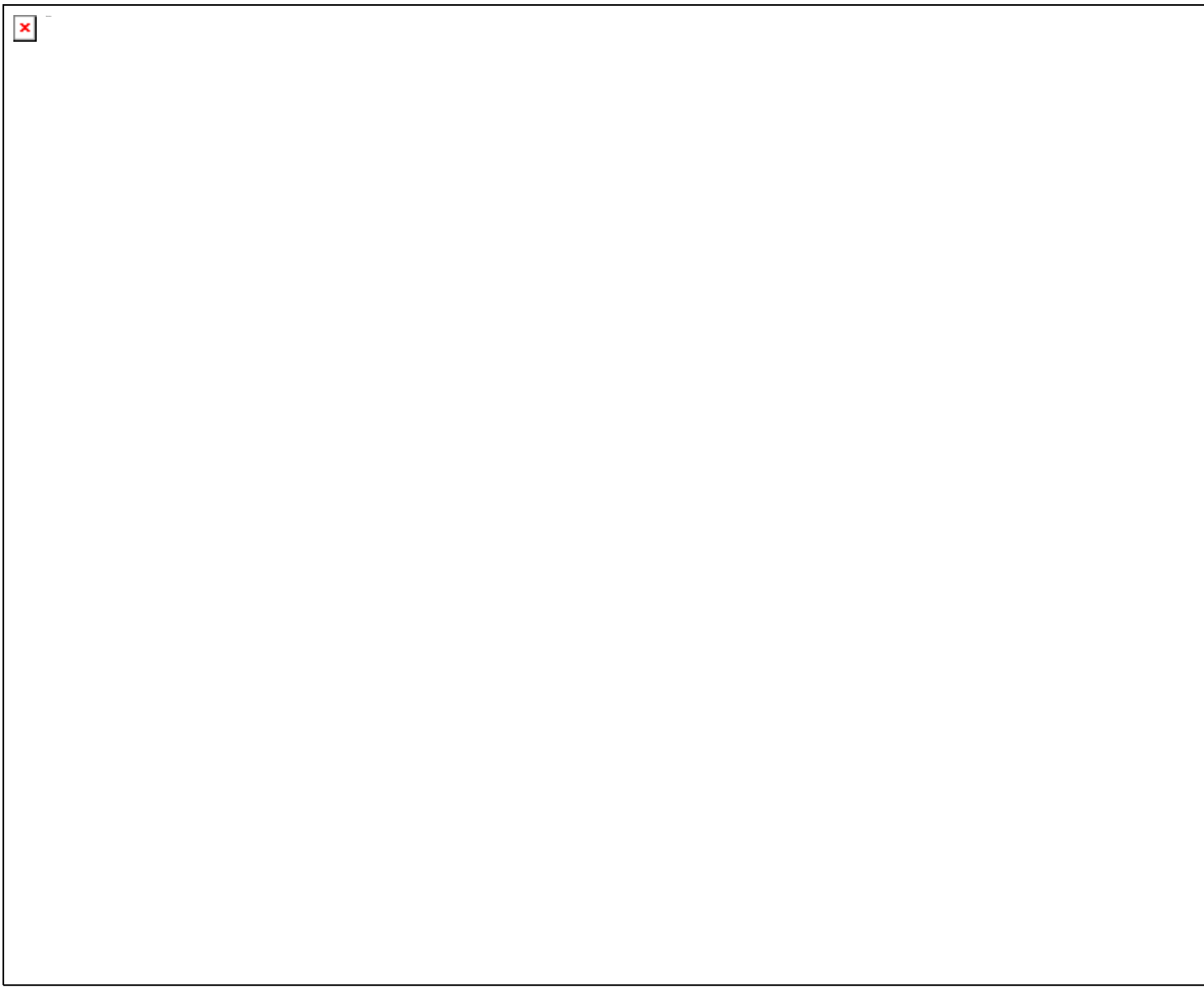

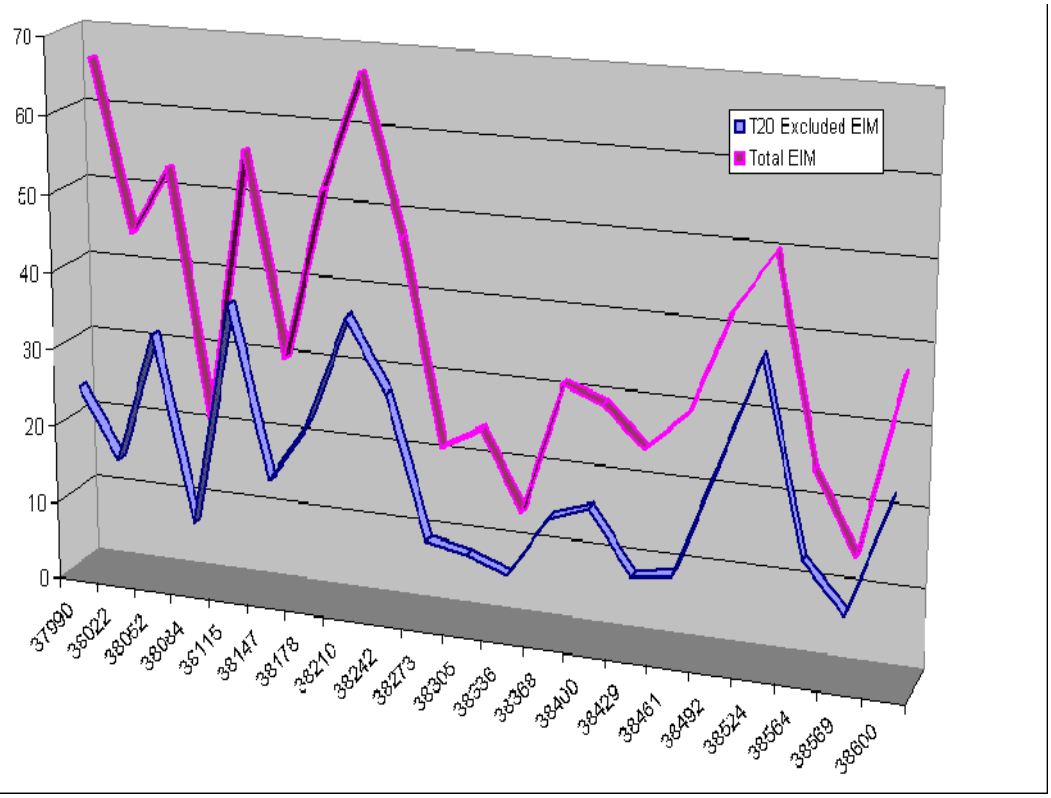
70
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